## Great news!

WellNet's advocacy team is here to help explain your health benefits to all of your providers. We proactively reach out to confirm your eligibility, benefits \& how to submit claims on your behalf.

- On the form, you will provide the name for all family members enrolled under your benefits \& the contact information for their Primary Care Doctors \& Specialists.
- After you complete the fillable Provider Contact Form, please download \& save the PDF document.
- Lastly, attach \& email it to: advocacy@wellnet.com
- We'll take it from there! You can expect a follow up from us within 5 business days of form submission.

| Subscriber Name | Subscriber Phone Number | Subscriber preferred email |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Employer Name |  | Name of Plan Selected |  |  |  |
|  |  |  |  |  |  |
| Patient Name <br> (First and Last) | Patient Date <br> of Birth | Patient <br> Address | Primary Care Provider <br> (Doctor Name and <br> Group Practice Name) | Provider <br> Phone <br> Number |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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$\left.\begin{array}{|l|l|l|l|l|l|l|l|l|l|l}\hline \begin{array}{l}\text { Patient Name } \\ \text { (First and Last) }\end{array} & \begin{array}{l}\text { Patient Date } \\ \text { of Birth }\end{array} & \begin{array}{l}\text { Specialist (Doctor } \\ \text { Address } \\ \text { Name and Group } \\ \text { Practice Name) }\end{array} & \begin{array}{l}\text { Specialist } \\ \text { Phone } \\ \text { Number }\end{array} \\ \text { Nupecialist }\end{array}\right\}$

## Thank you for the info!

Please email your PDF directly to advocacy@wellnet.com for our team to get to work.

